60 days.

UNITED STATES DISTRICT COURT DISTRICT OF DELAWARE

	William G.L. Francis, Jr.	
	Plaintiff	APPLICATION TO PROCEED
	. V.	WITHOUT PREPAYMENT OF
	Thomas Carroll, CMS	FEES AND AFFIDAVIT
	Defendant(s)	CASE NUMBER:
	-	CASE NUMBER: 0 7 ** 0 1 5
I,	Illiam G.L. Francis, Jr.	declare that I am the (check appropriate box)
171	Petitioner/Plaintiff/Movant	
28 USC	bove-entitled proceeding; that in support of my req \$1915, I declare that I am unable to pay the cos in the complaint/petition/motion.	uest to proceed without prepayment of fees or costs under its of these proceedings and that I am entired to prepare I
In supp	ort of this application, I answer the following ques	
1.	Are you currently incarcerated? Yes	No (If "No" go to Question U.S. DISTRICT COURT
	If "YES" state the place of your incarceration	
	Inmate Identification Number (Required):	264560
	Are you employed at the institution? Yes Do yo	ou receive any payment from the institution? Yes
	Attach a ledger sheet from the institution of your transactions	incarceration showing at least the past six months'
2.	Are you currently employed? Yes	\square No
	 a. If the answer is "YES" state the amount of and give the name and address of your en DCC AdiaH Education Progrates b. If the answer is "NO" state the date of your salary or wages and pay period and the name of the salary or wages. 	if your take-home salary or wages and pay period a imployer. **. 40 an hour, **41-#50 monthly, m-1181 Paddock Rd/Smyrna, DE 19977 ur last employment, the amount of your take-home ame and address of your last employer.
3. In the past 12 twelve months have you received any money from any of the following sou		ny money from any of the following sources?
	a. Business, profession or other self-employb. Rent payments, interest or dividends	ment
	c. Pensions, annuities or life insurance paym	
	d. Disability or workers compensation paym	
	e. Gifts or inheritances	□ Yes □ No
	f. Any other sources	Yes □ No
	If the answer to any of the above is "YES" describe received AND what you expect you will continue	be each source of money and state the amount to receive. My Sister, #100-#200 every

AO 240 Reverse (Rev. 10/03)

4. Do you have any cash or checking or savings accounts?

□ No

If "Yes" state the total amount \$ 890.00 (Savings account)

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property?

Yes

If "Yes" describe the property and state its value.

1.4789 Shares of Stock, value (as of 09/15/06): \$40.13

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, OR state NONE if applicable.

None

I declare under penalty of perjury that the above information is true and correct.

NOTE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

January	4,	2007
---------	----	------

Clerk of Court:

0 7 . 0 1 5

I have requested a certified statement of my inmote account for the past six (6) months, however, I have not received the document from the DCC Business Office as of 01/04/07. Please be advised that I will promptly forward the statement the day I receive it to your office.

Respect fully submitted,

William G.L. Francis, Jr. Plaintiff, Aro Se

